

APPENDIX F

CELRDP 690-1-10
24 March 1998

LEAVE DONOR Request

PRIVACY ACT STATEMENT (5 USC 6311 and 5 CFR 630)

Social Security Number and other data provided will be used in the operation of the Voluntary Leave Transfer Program for the purpose of verifying balances and making appropriate leave transactions. Disclosure is mandatory. Failure to provide required information will result in non-acceptance of application for Voluntary Leave Transfer Program participation.

PART I

To Be Completed by Donor

TO CPAC/HR/Other	FROM (organization)	DATE
1. NAME (Last, First, MI)	2. SSN	3. JOB TITLE
4. SERIES, GRADE, STEP	5. PAY (PA/PH)	6. PERSONNEL CODE
		7. PAYROLL BLOCK
8. A/L BALANCE	9. PAY PERIOD ENDING	10. A/L DONATION
		11. RECIPIENT

I understand that I may donate annual leave that I have already accrued. I further understand that I may donate no more than one half the amount of annual leave I would accrue in a leave year. I certify that this donation is not designated for my immediate supervisor and is made freely without coercion or pressure from any management official and that no promise of benefit or favor has been made or is expected.

Donor's Signature

PART II

To Be Completed by CPAC/HR/Other

TO (Donor)	FROM (CPAC/HR/Other)	DATE
1. Your annual leave donation of _____ hours to _____ has/has not been accepted.		
2. If your donation has been accepted, your annual leave balance will shortly be reduced by the number of hours donated. If total donations exceed the hours needed for the recipient's medical emergency, a pro-rated return of unused annual leave will be made to each donor when possible.		
3. If your donation has not been accepted, it is because_____.		

CPAC/HR/Other

LEAVE RECIPIENT REQUEST

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TO BE SUBMITTED TO THE EMPLOYEE'S IMMEDIATE SUPERVISOR

TO:

FROM:

SUBJ: Medical Emergency

This is a request to be designated as a leave recipient under the Voluntary Leave Transfer Program. This request is submitted because I am affected by a medical emergency that will or is expected to require my absence from duty for a prolonged period of time and to result in a substantial loss of income because of the unavailability of paid leave. I request that the Commander approve my request in order that I may receive annual leave donations from the annual leave accounts of one or more leave donors. If approved, I have no objection to my name, position, organization and basic information concerning my need for leave being publicized to potential donors. I do not object to later publicity that I have benefited from this program.

INFORMATION REQUIRED TO SUPPORT THE REQUEST

Reasons why transferred leave is needed, including a brief description of the nature, severity, and anticipated duration of the medical emergency, and if it is a recurring one, the approximate frequency of the medical emergency affecting the potential leave recipient.

MEDICAL INFORMATION MUST BE ATTACHED TO SUPPORT THIS REQUEST

PERSONAL DATA

NAME (As shown on payroll records): _____

SSN: _____

POSITION, TITLE, & GRADE: _____

ORGANIZATION: _____

ANNUAL LEAVE BALANCE _____ SICK LEAVE BALANCE _____

PAY PERIOD ENDING DATE OF LEAVE BALANCES: _____

EMPLOYEE'S SIGNATURE

SUPERVISOR'S APPROVAL

CEORDP 690-1-10
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24 March 1998

APPROVAL/DISAPPROVAL OF LEAVE RECIPIENT REQUEST

PART I TO BE COMPLETED BY THE EMPLOYEE'S CHAIN OF COMMAND

RECOMMENDED DISPOSITION

Signature Approval Disapproval

Immediate Supervisor	_____	_____	_____
Branch/Division	_____	_____	_____
Chiefs as	_____	_____	_____
appropriate	_____	_____	_____
Director/Office Chief	_____	_____	_____

If disapproval is recommended, provide reasons:

PART II TO BE COMPLETED BY CPAC/HR/OTHER

RECOMMENDED DISPOSITION

Signature Approval Disapproval

Program POC	_____	_____	_____
Director/Chief	_____	_____	_____

If disapproval is recommended, provide reasons:

PART III TO BE COMPLETED BY THE COMMANDER

DISPOSITION

Signature Approved Disapproved

Deputy Commander's Recommendation	_____	_____	_____
Commander's Decision	_____	_____	_____

If disapproved, provide reasons:

APPENDIX H
CRITERIA FOR WAIVING THE LIMITATION ON ANNUAL LEAVE DONATION

a. Annual leave is an employee benefit and is provided:

(1) To allow every employee an annual vacation period of extended leave for rest and recreation, and

(2) To provide periods of time off for personal and emergency purposes; e.g., a death in the employee's family, religious observances, attendance at conferences or conventions, securing a driver's license, or other personal business that can be disposed of only during the time in which the employee would ordinarily be working.

b. Use of earned leave is an absolute right, subject to the supervisor's right to fix the time at which leave will be taken. Employees are encouraged to use leave. Nothing in the voluntary leave transfer program is intended to interfere with the employee's use of leave.

c. The voluntary leave transfer program provides the opportunity for employees to donate up to one-half of the amount of annual leave that the employee would be entitled to accrue during the leave year in question. For an employee in leave category 3 (earning 8 hours of annual leave per pay period), up to 13 days or 104 hours of annual leave may be donated. Thus, only 13 days or 104 hours would be available to the employee for the leave year for those purposes described in paragraph "a" above.

d. 5 U.S.C. 630-908(c) allows waiver of this limitation. The activity will consider requests to contribute more than one-half of the amount of annual leave that would accrue during the leave year only as follows:

(1) The potential leave donor must be in category 3 (earning 8 hours of annual leave per pay period).

(2) The potential leave donor must have accrued the maximum annual leave carry over (240 hours for most employees).

(3) Approval to donate more than one-half the annual leave accrual may be given to the same leave donor no more frequently than every other leave year.

(4) The potential leave donor must submit a written request with his/her rationale for the exception that the activity finds acceptable.